**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

Tele: - (091) 9222276 Fax No: - (091) 9216663

**Form J(Course Withdrawal Form)**

Name: Registration No:

Semester:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Course**  **(Name & Code)** | **Instructor** | **Reason** | **Remarks**  **(If any)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

**Student Sign Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note:-

1. Student concerned will be responsible for any misinformation provided in this form.

2. Course withdraw form cab be submitted till after one week of MID Term **ONLY**

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Action By: Action Date: